

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/595048

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3		1					53						
4		1					54						
5							55						
6		1					56						
7		1					57						
8			C				58						
9			X				59						
10			X				60						
11		1					61						
12		1					62						
13			X				63						
14			X				64						
15		1					65						
16		1					66						
17		1					67						
18		1					68						
19		1					69						
20		1					70						
21		1					71						
22			X				72						
23			X				73						
24			X				74						
25			X				75						
26			X				76						
27			X				77						
28			X				78						
29			X				79						
30			X				80						
31			X				81						
32			X				82						
33			X				83						
34			X				84						
35	1						85						
36	1						86						
37	1						87						
38	C	C					88						
39		1					89						
40	C	C					90						
41		1					91						
42	C	C					92						
43		1					93						
44	C	C					94						
45		1					95						
46			X				96						
47			X				97						
48			X				98						
49			X				99						
50			X				100						
TOTAL IND.	3												
TOTAL DEP.	20												
TOTAL CLAIMS	23												